

Attorney's Docket No. _____

**COMBINED DECLARATION AND POWER OF ATTORNEY
FOR UTILITY OR DESIGN PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Novel compounds comprising a thiocarbonylsulphonyl group which can be used for the radical synthesis of α -perfluoroalkylamine compounds

the specification of which (check only one item below):

- ☒ is attached hereto.
☐ was filed as United States Patent application
 Number _____ on _____
 and was amended on _____ (if applicable).
☒ was filed as PCT International application
 Number PCTFR0302697 on 11.09.2003
 and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §§ 119 (a)-(d), 172 or 365 of any foreign application(s) for patent or inventor's certificate or of any international (PCT) application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international (PCT) application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. §§119(a)-(d), 172 or 365:			
COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. §§119, 172 or 365
FRANCE	02 11261	11.09.2002	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Combined Declaration and Power of Attorney
for Utility or Design Patent Application
Attorney's Docket No. _____
Page 2 of 4

I hereby appoint the following attorneys and agent(s) to prosecute said application and to transact all business in the U.S. Patent and Trademark Office connected therewith and to file, prosecute and to transact all business in connection with international applications directed to said invention:

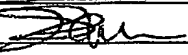
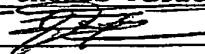
Robert S. Swecker	19,885	William C. Rowland	30,888	Fred W. Hathaway	32,236
Platon N. Mandros	22,124	T. Gene Dillahunt	25,423	Wendi L. Weinstein	34,456
Benton S. Duffett, Jr.	22,030	Patrick C. Keane	32,858	Mary Ann Dillahunt	34,576
Norman H. Stepno	22,716	B. Jefferson Boggs, Jr.	32,344	Donna M. Meuth	36,607
Ronald L. Grudziecki	24,970	William H. Benz	25,952	Mark R. Kresloff	42,766
Alan E. Kopecki	25,813	Peter K. Skiff	31,917	Nhat D. Phan	39,581
Regis E. Slutter	26,999	Richard J. McGrath	29,195	Cindy A. Lynch	38,699
Samuel C. Miller, III	27,360	Matthew L. Schneider	32,814	Claude A.S. Hamrick	22,586
Robert G. Mukai	28,531	Michael G. Savage	32,596		
George A. Hovanec, Jr.	28,223	Charles F. Wieland III	33,096	All practitioners associated with	
James A. LaBarre	28,632	Bruce T. Wieder	33,815	Customer Number <u>2 1 8 3 9</u>	
E. Joseph Gess	28,510	Todd Walters	34,040		
R. Danny Huntington	27,903	Ronni S. Jillions	31,979		
Eric H. Weisblatt	30,505	Harold R. Brown III	36,341		
James W. Peterson	26,057	Allen R. Baum	36,086		
Teresa Stanek Rea	30,427	Brian P. O'Shaughnessy	32,747		
		Kenneth B. Leffler	36,075		

Address all correspondence to:

BURNS, DOANE, SWECKER & MATHIS, L.L.P.
Customer Number 2 1 8 3 9
P.O. Box 1404
Alexandria, Virginia 22313-1404

Address all telephone calls to: _____ at (703) 836-6620.

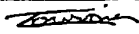
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF SOLE OR FIRST INVENTOR	ZARD Samir
Signature	
Date	17.02.2005
Residence (City, State, Country)	GIF SUR YVETTE - FRANCE - FRANCE FRX
Citizenship	French
Mailing Address	6, impasse des 4 Vents
City, State, ZIP, Country	GIF SUR YVETTE - FRANCE - 91190 - FRANCE
FULL NAME SECOND INVENTOR, IF ANY	GAGOSZ Fabien
Signature	 FRX
Date	17.02.2005
Residence (City, State, Country)	MONTRouGE - FRANCE - FRANCE
Citizenship	French
Mailing Address	9, rue Pasteur
City, State, ZIP, Country	MONTRouGE - FRANCE - 92120 - FRANCE

Combined Declaration and Power of Attorney
for Utility or Design Patent Application
Attorney's Docket No. _____

Page 3 of 4

200

FULL NAME OF THIRD INVENTOR, IF ANY	TOURNIER Lucie
Signature	
Date	17.02.2005 FRX
Residence (City, State, Country)	PARIS - FRANCE - FRANCE
Citizenship	French
Mailing Address	27, boulevard Diderot
City, State, ZIP, Country	PARIS - FRANCE - 75012 - FRANCE
FULL NAME OF FOURTH INVENTOR, IF ANY	
Signature	
Date	
Residence (City, State, Country)	
Citizenship	
Mailing Address	
City, State, ZIP, Country	
FULL NAME OF FIFTH INVENTOR, IF ANY	
Signature	
Date	
Residence (City, State, Country)	
Citizenship	
Mailing Address	
City, State, ZIP, Country	
FULL NAME OF SIXTH INVENTOR, IF ANY	
Signature	
Date	
Residence (City, State, Country)	
Citizenship	
Mailing Address	
City, State, ZIP, Country	
FULL NAME OF SEVENTH INVENTOR, IF ANY	
Signature	
Date	
Residence (City, State, Country)	
Citizenship	
Mailing Address	
City, State, ZIP, Country	